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Application Number	10/730,313
Filing Date	12/04/2003
First Named Inventor	John Carlucci
Art Unit	3764
Examiner Name	Donnelly, Jerome W
Attorney Docket Number	64766-5003

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorn	ey is submitted herewith.	·					
<i>OR</i> ☐ I hereby appoint	the practitioners associated	with the Custo	mer Number:				
	e correspondence address for associated with imber:	or the above-id	entified applic	cation to:			
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	itor. cord of the entire interest. Se or 37 CFR 3.73(b) is enclosed						
	SIGNATURE of Ap	plicant or Ass	ignee of Rec	ord			
Signature //	PCOA						
Name Dr. John F. C	Carlucci						
Date 2/2	9/1	Te	lephone	848	45	8-7930	
NOTE: Signatures of all the inve- signature is required, see below	ntors or assignees of record of the entire	interest or their rep	esentative(s) are re	equired. Subm	it multiple	forms if more than one	
Total of	forms are submitted.		····				

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